



**MENTAL HEALTH ABC ACT:  
ADDRESSING BARRIERS TO CARE** |

# PROBLEM #1: MENTAL HEALTH PARITY

## Problem

- Intent of the 2000 + 2008 state parity laws, and the 2008 federal parity law are still not being met.
- Poor coverage quality by too many insurers.
- DOI lacks the tools to enforce parity laws.

## Solution in this Bill

- Mental health parity as a concept is simple: insurance coverage for mental health care should be equal to insurance coverage for any other medical condition. This concept has been codified in federal and state law for decades, but in practice – it has not been enforced. As a result, inequities persist and patients are often denied coverage for mental health treatment that is every bit as critical to managing their health as treatment for conditions such as diabetes or heart disease.
- This bill provides the state with better tools to implement and enforce our parity laws, including quicker evaluation and resolution of parity complaints, greater reporting and oversight of insurance carriers' processes and policies related to mental health care coverage, and reasonable penalties and alternative remedies for when an insurance company does not comply with the law.

# PROBLEM #2: MEDICAL NECESSITY/PRIOR AUTHORIZATION

## Problem

- Unnecessary use of prior authorization
- Adverse medical necessity determinations by insurers

## Solution in this Bill

- Every day throughout the Commonwealth, adults and children arrive in emergency departments in the throes of acute mental health crises requiring immediate treatment in an appropriate setting. These clinical determinations should be made by the treating clinician, but in practice insurance carriers impose too many restrictions on providers' clinical judgement in terms of prior approval and concurrent review requirements for mental health services.
- This results in barriers to, and delays in, treatment for patients who need immediate care, creating a dysfunctional system that allows insurance companies to have more leverage in determining a patient's course of treatment than health care providers.
- This bill mandates coverage and eliminates prior authorization for mental health acute treatment for adults and children experiencing acute mental health crises, effectively placing treatment decisions in the hands of the treating clinician in consultation with the patient rather than an insurance company.
- This bill also establishes a special commission to bring all stakeholders to the table to study and make recommendations on the creation of a common set of medical necessity criteria to be used by health care providers and insurance carriers for mental health services.

# PROBLEM #3: WORKFORCE CHALLENGES

## Problem

- People have difficulty accessing mental health care in Massachusetts. One major reason is lack of workforce. We don't integrate mental health care well into the health care delivery system.

## Solution in this Bill

- **Studying Access to Cultural Competent Care.** The bill calls for an academic study conducted by the Office of Health Equity to review the availability of culturally competent mental health care providers within networks of both public and private health care payers, as well as to identify potential barriers to care for underserved cultural, ethnic and linguistic populations and the LGBTQ community. The bill further directs an interagency health equity team under the Office of Health Equity to improve access to, and the quality of, culturally competent mental health services.
- **Creating a Psychiatric Mental Health Nurse Practitioner Fellowship Pilot Program.** The bill authorizes a Psychiatric Mental Health Nurse Practitioner Fellowship Pilot Program in community health centers to offer additional support and training to psychiatric nurse practitioners who agree to work in community settings with underserved populations. The program will be designed to encourage these professionals to continue working in a community setting where mental health providers are sorely needed.
- **Creating a Mental Health Workforce Pipeline.** The bill authorizes a pilot program through the Department of Higher Education, in consultation with the Department of Mental Health, aimed at creating a workforce pipeline to encourage and support individuals from diverse backgrounds to work towards careers in mental health. With this initiative we hope to send a message to young people that this is valued and important work.

# PROBLEM #4: ADMINISTRATIVE CHALLENGES

## Problem

- One of the biggest frustrations expressed by mental health providers of all licensure types, is around the sheer administrative burdens and delays associated with the credentialing and licensure process. These delays limit their ability to start seeing patients.

## Solution in this Bill

- **Standardizing Credentialing Forms.** The bill requires all insurance carriers to use one standard credentialing form for health care providers. It also requires a quicker turnaround time for approval of a completed credentialing request. This will be enormously beneficially to patients, providers, and health systems, as it will speed up the time it takes for new hires to be approved for inclusion in an insurance network.
- **Moving Licensing Boards under DPH.** The bill moves the licensing boards for social workers, psychologists, and allied mental health professionals from the Division of Professional Licensure, where they currently operate alongside other licensing boards, including landscape architects, plumbers, and accountants, to the Department of Public Health (DPH). This will leverage DPH's health care experience and expertise to streamline the licensing process for these critically important health care professionals.
- **Allowing Interim Licensure for Licensed Mental Health Counselors (LMHC).** The bill creates an interim licensure program for LMHCs so that they can be reimbursed by insurance for their services and be eligible for state and federal grant and loan forgiveness programs, increasing the number of licensed providers able to serve patients.

# PROBLEM #5: QUALITY OF CARE

## Problem

- Mental health care is difficult to access, and often results in barriers and delays to quality care.
- Mental health care is not integrated with the rest of our health care delivery system.

## Solution in this Bill

- **Requiring Coverage for Same Day Care.** This bill makes critical changes around how providers are allowed to bill for services. Specifically, the bill prohibits insurers from denying coverage for mental health services and primary care services solely because they were delivered on the same day in the same facility. This will remove a significant financial barrier to the integration of primary care and mental health.
- **Ensuring Capacity in Emergency Departments.** The bill requires emergency departments to have the capacity to evaluate and stabilize a person admitted with a mental health presentation at all times, and to refer them to appropriate treatment or inpatient admission. The bill directs the Department of Public Health to issue regulations for an expedited process for individuals under 22 years old.
- **Requiring Coverage for Psychiatric Emergency Service Programs.** The bill requires commercial insurance carriers to cover community-based services for individuals experiencing a psychiatric emergency. Currently, these services are only paid for by MassHealth.
- **Tracking and Analyzing Mental and Behavioral Health Expenditures.** The bill directs the Center for Health Information and Analysis (CHIA) to define and collect data on the delivery of mental health services to establish a baseline of current spending, and further directs the Health Policy Commission (HPC) to begin tracking mental health care expenditures as part of its annual cost trends hearings. This is a fundamental, critical first step to future efforts to incentivize greater investments in mental health care within the analysis of statewide health care cost growth.

# PROBLEM #6: ACCESS TO CARE

## Problem

- Mental health care is especially difficult to access for those in rural and geographically isolated areas.

## Solution in this Bill

- **Creating a Tele-behavioral Health Pilot Program.** This bill authorizes the Department of Public Health, the Department of Mental Health, and the Department of Elementary and Secondary Education to collaborate on authorizing three pilots for tele-behavioral health services in public high schools in the Commonwealth. This pilot is based on an existing and successful model between a hospital and several school districts in western Massachusetts.
- **Increasing Access to Care in Geographically Isolated Areas.** The bill directs the Department of Mental Health to consider factors that may present barriers to care – such as travel distance and access to transportation – when contracting for services in geographically isolated and rural communities.